

6/5/23, 4:50 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H23000203318 3)))



H230002033183ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NAJMY THOMPSON, P.L.  
Account Number : 120090000014  
Phone : (941)907-3999  
Fax Number : (941)896-4812

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: raltiere@najmythompson.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRITON BEND II, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

2023 JUN -5 PM 2:17  
T. LEMIEUX

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRITON BEND II, LLC, a Florida limited liability company  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rainier Altieri, Esq.

\_\_\_\_\_  
Name of Person

Najmy Thompson, P.L.

\_\_\_\_\_  
Firm/Company

1401 8th Ave West

\_\_\_\_\_  
Address

Bradenton, FL 34205

\_\_\_\_\_  
City/State and Zip Code

raltiere@najmythompson.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rainier Altieri, Esq. 941 748-2216  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H23000203318 3)))

TRITON BEND II, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 13, 2013 and assigned  
Florida document number L13000070409

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Najmy Thompson, P.L.

New Registered Office Address:

1401 8th Avenue West

*Enter Florida street address*

Bradenton

*City*

Florida 34205

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



If Changing Registered Agent, Signature of New Registered Agent

Rainer Attene, Esq.  
Associate Attorney

(((H23000203318 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H23000203318 3))

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Roman Eckert	7255 Bee Ridge Road	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34241	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	VIVRE INVEST, LLC	7255 Bee Ridge Road	<input type="checkbox"/> Add
		Sarasota, FL 34241	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Detlef Milkereit	7255 Bee Ridge Road	<input type="checkbox"/> Add
		Sarasota, FL 34241	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Ruediger Guenther	7255 Bee Ridge Road	<input type="checkbox"/> Add
		Sarasota, FL 34241	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H23000203318 3))

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 5, 2023

Signature of a member or authorized representative of a member

Rainier Altieri, Esq., as Authorized Representative

Typed or printed name of signee

((H23000203318 3)))

**Filing Fee: \$25.00**